SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Plaraing and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD BOUNT WAS GONE Date Stamp APPLICATION FOR PERMIT eived)

210290 NAT

Refund: Date: Permit #: Amount Paid: \$35.0 189.00 189.00 6/200

Bayfield Co. Zoning Dept

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		×					Conditional Use: (explain)	Condition		
	_	×			Lutt		Special Use: (explain)	Special Us		
Caular	1500						***************************************			
1 COOK	\ 	×	_	in the state of th	fy)	Alteration (specif	Accessory Building Addition/Alteration (specify)	Accessory		
TAGE T	_	×	_				Accessory Building (specify)	Accessor		Municipal Use
SEE ATTACHE	2	×	_		PATIO	1 11220	Addition/Alteration (specify)	Addition/	ţ z	
- Carren	_	×	_	1446		ite)	Mobile Home (manufactured date)	Mobile H		
)	×		& food prep facilities)	rs, <u>or</u> 🗆 cooking	sleeping quarter	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhous		
	_	×	_	111, VIV.		rage	with Attached Garage			☐ Commercial Use
i i i i i i i i i i i i i i i i i i i	-	×	-				with (2 nd) Deck			
	_	×	-	- Angelo		, in the second	with a Deck			
- Attacks		×					with (2 nd) Porch			
- According to	_	×	-	The state of the s	To the state of th		with a Porch			X Residential Use
		×	\vdash				with Loft			
		×	-			shack, etc.)	e (i.e. cabin, hunting shack, etc.)	Residence		
		×	+	and the second s	7)	ture on property	Principal Structure (first structure on property)	Principal S		
Square Footage	ons	Dimensions			ure	Proposed Structure			٠,	Proposed Use
	Height:			Width:	Atlac				n :	Proposed Construction:
	Height:	 		Width:	e had	Length: See	r is relevant to it)	ng applied for	permit beir	Existing Structure: (If permit being applied for is relevant to it)
				None						The state of the s
			Ę	Compost Loller	Common of the Co		☐ Foundation		Property	
	-	ontract)	ervice c	Portable (w/service contract)	None			ness on	□ Run a Business on	
7)	□ Vaulted (min ∠00 gallon)	ulted (m		Privy (Pit) or			1	xisting bldg)	Relocate (existing bldg)	1
	COAVE-TO-	cify Type:	ts) Spe		3		🕺 2-Story		□ Conversion	2000 E
+		city Type:	Ny Spe		2	🕱 Year Round	☐ 1-Story + Loft	Iteration	☐ Addition/Alteration	
□ City			Ţ	i		☐ Seasonal	□ 1-Story	ruction	A New Construction	
Water	3	What Type of Sewer/Sanitary System Is on the property?	What Type of ar/Sanitary Sys on the propert	Sewer Is or	of bedrooms	Use	# of Stories and/or basement	oplying for)	Project (What are you applying for)	
										Value at Time
										2
⊒ Yes ∡ No	☐ Yes ズ No	X I LI	ine : _ feet	ucture is from Shoreline : 子り feet	Distance Structure	Pond or Flowage If yescontinue —	Lake,	/Land within	s Property,	么Shoreland → 人
Are Wetlands Present?	Is Property in Floodplain Zone?	Is Pro	feet	fee	Distance Str	am (ind. Intermittent)	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yescontinue	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	s Property, eek or Land	0.0
	,			is from Charoli	7	-				
46	Acreage 2.3		Lot Size	E	*	Town of:	N, Range O8 W	46	, Township	Section 03
1	•	1		i docada	1 50,00	3, 185	-ot -ot(s) CM	Gov't Lot	1/4	NE 1/4, SW
- I - I - I - I - I - I - I - I - I - I	Page(s)		Volume	-000-Y0000)8 -03 -3	6.2-	tatement)	-4	Legal Description:	PROJECT Les
Recorded Document: (i.e. Property Ownership)	t: (i.e. Prope	Documen	ecorded			S A CONTRACTOR	Dial. (2)			
Written Authorization Attached	Attached		te/2ip):	Agent Mailing Address (include City/State/Zip):	Agent Mailing Ac	Agent Phone:		ation on behalf c	igning Applica	Authorized Agent: (Person Signing Application on behalf of Owner(s))
	1									7 132
one:	Plumber Phone:				Plumber:		Contra			Contractor:
1	Į.	, citore			}	. 25 X	See Africa			Address of Property:
~	Cell Phone:	1494	5	+ 202	CAGCE CAKE KO	31	10440		979	DEREK C
Telephone:	Telephone:	IF	E .	City/State/Zip: REVER,	City,	dress:				Owner's Name:
HER	A. OTHER	□ в.о.А.	USE	AL USE SPECIAL USE	CONDITIONAL USE	PRIVY	USE SANITARY	₩ IANDUSE	ΥΕΠ- Ι	TYPE OF PERMIT REQUESTED—
.org/zoning/asp)	syfieldcounty	ite www.ba	วนr พebs	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	W DO I FILL OUT 1		BEEN ISSUED TO APPLICA	ty Zoning Depa PERMITS HAVE	yfield Count I UNTIL ALL F	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
					ayireid Co. Zoning Dept/	9"	e paid.	ntil all fees are	l be issued u	NSTRUCTIONS: No permits wi

Authorized Agent:
ROC O TOT ISGUATION are signing on behalf of the owner(s) a letter Addys to sendy mit 10440 EAGLE LANG る 0 authorization must accompany this IRON RIVER,

Date

5-7011-12

以工 54847 Copy of Tax Statement V If you recently purchased the property send your Recorde ded Deed

Owner(s): Und F

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listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

ation of (*):

show:

North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Show: Show any (*): Show any (*): 7 2200 51 OF SAIS 13 TO PER 2 ALCENTO IN A GARD 8 32520 Te Ve 0 Successive , 400 ft 6

Please complete (1) - (7) above (prior to continuing)

O TOTAL

Changes in plans must be approved by the Planning & Zoning Dept.

ed to the closest point)

Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting)	Setback to Drain Field	Setback to Septic Tank or Holding Tank		Setback from the East Lot Line	Sethack from the West Lot Line	Setback from the South Lot Line	Sethack from the North Lot Line		Setback from the Established Right-of-Way	Setback from the Centerline of Platted Road		Description	(8) Setbacks: (measured to the closest point)
minimum required setback, th	7 5 8		~ Ur) Feet	~ / 00 Feet	~ 35 Feet	~ 300 Feet	~ /00 Feet		2 300 reet	~ 300 Feet		Measurement	John (
e boundary line from which the setback must be measured must be visible from one pr			Setback to Well	Flevenon or riocapiani	Setback Holli zow siebe men	SetDack Hottl weetiging	Com Wetland	Actodox from the	sotback from the Bank or Bluff	Setback from the River Stream, Creek	cothack from the lake (ordinary high-water mark)	Description	
visible from one previously surveyed corner to the			4 Feet		- Feet	• Feet	Feet		- Feet	J Feet	75 Feet	Cabal	Measurement

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 135	36	# of bedirooms:	Sanitary Date: 6-23-81 Affidavit Required Affidavit Attached □ Yes KNo	6-23-81
a 1	Previously Granted by Variance (B.O.A.) □ Yes □ No	Variance (B.O.A.) Case #	*	
Was Parcel Legally Created 10 Yes □ No □ N	Were Property Line	Were Property Lines Represented by Owner Was Property Surveyed	□ Yes	
Inspection Record: The Met all settled.			Zoning District (K. Lakes Classification (K. Lakes Classification (K. Lakes Classification)	
Date of Inspection: 6-15-13 Inspected by: Min	Furtale		Date of Re-Inspection:	ction:
Condition(s): Town, Committee or Board Conditions Attached? Tyes Kno-(If No they need to be attached) and 16 Must use hest management practices to present exercises If help or wetlands.	they need to be alla	romer and	for sillation	lon
of the lake or werkening;			Date of Appr	Date of Approval 77-1
Signature of Inspector: IMICMAN JULIANO			1	ZZ 0
Hold For Sanitary: Hold For TBA: Hold For Affidavit:	avit:	Hold For Fees:		